

# EXPORT-IMPORT BANK OF THE UNITED STATES

## NOTICE OF CLAIM AND PROOF OF LOSS EXPORT CREDIT INSURANCE UMBRELLA POLICY

Please send this completed form to :  
Export-Import Bank of the U.S., Asset Management Division  
811 Vermont Ave., NW, Washington, DC 20571 (202) 565-3600

Date Received: \_\_\_\_\_

Claim No.: \_\_\_\_\_

### SECTION A. NAMES AND ADDRESSES (please provide full names and addresses)

|  |   |
|--|---|
| <b>A.1 Administrator</b><br><br>Contact:<br>Phone: _____ Fax: _____                          | <b>A.5 Buyer</b><br><br>Contact: _____ Fax: _____<br>Phone: _____ Telex: _____  |
| <b>A.2 Insured</b><br><br>Contact:<br>Phone: _____ Fax: _____                                | <b>A.6 Overseas Sales Agent</b> <input type="checkbox"/> None<br><br>Contact: _____ Fax: _____<br>Phone: _____ Telex: _____ |
| <b>A.3 Assignee</b> <input type="checkbox"/> None<br><br>Contact:<br>Phone: _____ Fax: _____ | <b>A.7 Exporter</b><br><br>Contact: _____ Fax: _____<br>Phone: _____  |
| <b>A.4 Broker</b> <input type="checkbox"/> None<br><br>Contact:<br>Phone: _____ Fax: _____   | <b>A.8 Manufacturer</b><br><br>Contact: _____ Fax: _____<br>Phone: _____  |

### SECTION B. CERTIFICATIONS OF INSURED

Please note that the certification is subject to the penalties provided in Article 18 U.S.C. sec. 1001. The Insured certifies that (if any certification cannot be made, please explain):

1. it has completed and attached the following sections: ☐ A; ☐ B; ☐ C; ☐ D; ☐ E; ☐ F; ☐ G; ☐ H;
2. the amount claimed is presently owing by the buyer;
3. the buyer has not asserted any defenses to this debt nor disputed the amount of the debt owing;
4. it has not granted any discounts, allowances, rebates or commissions, except as follows and has not made any payments to the buyer;
5. to the best of its belief, it has complied with the terms and conditions of the policy, all the information supplied in support of this claim is complete and true, and it has not withheld any material facts.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## SECTION C. RELEASE AND ASSIGNMENT

You have the option of completing and submitting this Release and Assignment with your claim submission. If you do, the release will operate upon negotiation of a claim payment check. This will expedite your claim payment in the event of claim approval.

WHEREAS the Export-Import Bank of the United States (Ex-Im Bank) issued an Export Credit Insurance Policy to the Insured; AND WHEREAS, the Insured has filed a claim under insurance policy \_\_\_\_\_ on the proof of loss dated \_\_\_\_\_; NOW, THEREFORE, the Insured and Ex-Im Bank agree as follows: In the event the claim is approved for payment and the Insured or its assignee or any agent negotiates a claim payment check, the Insured does release Ex-Im Bank from all claims, actions, and causes of action of whatsoever character and description which the Insured ever had, now has or hereafter can, shall or may have relating to this claim. AND, in further consideration of the claim payment by Ex-Im Bank, the Insured does assign to Ex-Im Bank, its successors and assigns, all right, title and interest in, and all sums of money now due, or to become due, to the Insured from the Buyer under the transactions and accounts relating to the Claim, and any and all contracts, security and evidences of indebtedness relating thereto; to have and to hold the same, with full power, at their own cost, to collect and enforce the same, for their own use and benefit by any action or proceeding in the name of the Insured or otherwise, and to take all legal steps as they deem proper or necessary in connection herewith.

In witness whereof, the Insured has caused this instrument to be signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Name of Insured)

By: \_\_\_\_\_  
(Signature)

Name and Title: \_\_\_\_\_  
(Print)

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ a notary public in \_\_\_\_\_ and for the aforesaid County and State, do hereby certify that on this day, before me personally

came \_\_\_\_\_ to me known, who, being duly sworn, did depose and say that he/she

is the \_\_\_\_\_ of \_\_\_\_\_, the entity described herein and which executed the foregoing instrument; and that he/she has full authority to complete and execute the said instrument in the name of, and on behalf of, the said entity.

In witness whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

(Seal)

**SECTION D. POLICY INFORMATION**

|                                |                        |
|--------------------------------|------------------------|
| Policy No.: _____              | SBCL Amount: _____     |
| Original Effective Date: _____ | Effective Date: _____  |
| Date of Assignment: _____      | Endorsement No.: _____ |

**SECTION E. CLAIM INFORMATION**

|                                    |  |
|------------------------------------|--|
| Date(s) Shipped:                   | Policy Provision Claimed Under Article 2:<br><input type="checkbox"/> Risk 1<br><input type="checkbox"/> Risk 2<br><input type="checkbox"/> Risk 3<br><input type="checkbox"/> Risk 4<br><input type="checkbox"/> Risk 5 |
| Terms of Sale:                     |  |
| First Default Date:                | Special Conditions if Applicable:<br><input type="checkbox"/> Security Interest<br><br><input type="checkbox"/> Guarantors<br>Name(s) _____<br>_____<br>_____<br><br><input type="checkbox"/> Other _____                |
| Product(s):                        |  |
| Foreign Content Percentage: _____% |  |

## SECTION F. CLAIM DOCUMENTATION

The documentation listed below is normally required for all claims. If a document does not apply to your transaction, indicate "Not Applicable". To avoid processing delays, please provide all applicable items or explain, in the space provided below, why an item is not enclosed:

ALL CLAIMS - Please check "Enclosed" if the document is enclosed or "Not Applicable" if the document is not applicable to your transaction:

- |  |                                   |   |
|--|-----------------------------------|---|
| 1. Promissory Note (copies)                      | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 2. Draft (copies)                                | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 3. Purchase Order                                | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 4. Contract of Sale                              | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 5. Invoice                                       | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 6. Bill of Lading                                | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 7. Other Evidence of Shipment                    | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 8. Evidence of Collection                        | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 9. Buyer's Acknowledgement of Receipt            | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 10. Evidence of U.S. Origin                      | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 11. Acceptance Advice                            | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 12. Nonpayment Advice                            | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 13. Ledger                                       | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 14. Other Insurance                              | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 15. Overdue Report                               | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 16. Special Conditions as indicated in Section E | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |

## SECTION G. SCHEDULE OF SHIPMENTS

All outstanding insured shipments made to the buyer must be scheduled and included with this claim whether or not a shipment is presently eligible for coverage. For example, if there are two insured invoices outstanding to a buyer and only one is eligible for claim filing, the second invoice should be included as part of this claim filing. For each shipment, attach and group the invoice, bill of lading, debt instrument, contract debt registration and any related documents. The bill of lading date is the date of shipment for purposes of this schedule.

If shipments were made in more than one policy year please complete a separate schedule G for each policy year.

Policy Year \_\_\_\_\_ to \_\_\_\_\_  
 Month Day Year Month Day Year

| ALL CLAIMS     |               |                      |              |             |                  |                   | TRANSFER RISK ONLY |                   |                         |    |                    |
|----------------|---------------|----------------------|--------------|-------------|------------------|-------------------|--------------------|-------------------|-------------------------|----|--------------------|
| Invoice Number | Shipment Date | Gross Invoice Amount | Credit Terms | Due Date(s) | Partial Payments | Shipment Reported | Date of Deposit    | Amount of Deposit | Deposit Within 90 Days? |    | Name of Depository |
|                |               |                      |              |             |                  |                   |                    |                   | Yes                     | No |                    |
|                |               |                      |              |             |                  |                   |                    |                   |                         |    |                    |
|                |               |                      |              |             |                  |                   |                    |                   |                         |    |                    |
|                |               |                      |              |             |                  |                   |                    |                   |                         |    |                    |
|                |               |                      |              |             |                  |                   |                    |                   |                         |    |                    |
|                |               |                      |              |             |                  |                   |                    |                   |                         |    |                    |
|                |               |                      |              |             |                  |                   |                    |                   |                         |    |                    |
|                |               |                      |              |             |                  |                   |                    |                   |                         |    |                    |

Total Gross Invoice: \_\_\_\_\_

Are there any uninsured amounts with this buyer? ☐ Yes ☐ No

If so, please indicate how much \$ \_\_\_\_\_

Why are these shipments uninsured? \_\_\_\_\_

**SECTION H. CALCULATION OF ELIGIBLE LOSS**

|   |                                    |
|---|------------------------------------|
| <b>Total gross invoice value of all shipments:</b>  | <b>\$</b> _____                    |
| (+) Plus interest at _____ to maturity dates:<br>(contract rate)                                  | _____                              |
| (+) Plus interest at _____ from maturity date to 180 days after maturity date:<br>(contract rate) | _____                              |
| <b>(-) Minus</b>  |                                    |
| a. Total buyer payments:  | (_____)                            |
| b. Other credits, discounts and allowances:   | (_____)                            |
| c. Funds received from any other source:  | (_____)                            |
| d. Savings because of nonpayment of agent's commission:   | (_____)                            |
| <b>Net Loss:</b>  | <b>\$</b> _____                    |
| <b>Net Loss x Coverage</b> _____ %  | <b>\$</b> _____<br>(eligible loss) |